

**DEPARTMENT OF HEALTH & FAMILY SERVICES**Division of Public Health  
DPH 44003 (Rev. 02/06)**STATE OF WISCONSIN**Bureau of Occupational Health  
HFS 163, Wis. Adm. Code  
(608) 261-6876**LEAD CERTIFICATION APPLICATION – INDIVIDUAL**

Read Information and Instructions, DPH 44003I attached, before completing this form.

Applying for: ☐ **Initial** (Includes Interim certification if eligible)  
☐ **Renewal** Current DHFS Certification Number \_\_\_\_\_**INDIVIDUAL INFORMATION**

Name of Applicant (First, Middle, Last) include suffix, e.g. Jr., Sr., or III		Social Security Number	
Mailing Address		City	State Zip + 4
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (m/d/) - minimum age 18		Height
Home Telephone Number ( )		Fax Telephone Number ( )	Cellular Telephone Number ( )
Pager Number ( )		Email Address	

**COMPANY INFORMATION**

Provide information about employer, or business if self-employed. If company is not certified, submit a lead company application.

Company Name	DHFS Lead Company Certification Number
Mailing Address	
City	State Zip+4

**MANDATORY CERTIFICATION EXAM**

Required for initial certification as lead supervisor, hazard investigator, inspector, or risk assessor. Information must be received at least two weeks before the scheduled exam. Check the appropriate box(es).

- ☐ \$50 registration fee enclosed. Requested exam location ☐ Madison ☐ Milwaukee ☐ Eau Claire ☐ Green Bay
- Supervisors only :** Check one ☐ English ☐ Spanish
- ☐ Previously passed a certification exam and currently certified to work in another state.

**CERTIFICATION FEE**

Check the discipline, fees and write the total fee enclosed. Enclose supporting documentation if requesting government fee exemption.

Discipline	1-Year Initial	1-Year Renewal	2-Year Renewal (if eligible)	Government Fee Exempt	Exam fee	Total Enclosed
<input type="checkbox"/> Lead-Safe Worker	<input type="checkbox"/> \$50			<input type="checkbox"/>		\$
<input type="checkbox"/> Abatement Worker	<input type="checkbox"/> \$75		<input type="checkbox"/> \$75	<input type="checkbox"/>		\$
<input type="checkbox"/> Abatement Supervisor	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125	<input type="checkbox"/> \$225	<input type="checkbox"/>	<input type="checkbox"/> \$50	\$
<input type="checkbox"/> Project Designer	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175	<input type="checkbox"/> \$325	<input type="checkbox"/>		\$
<input type="checkbox"/> Sampling Technician	<input type="checkbox"/> \$50		<input type="checkbox"/> \$50	<input type="checkbox"/>		\$
<input type="checkbox"/> Hazard Investigator	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$275	<input type="checkbox"/>	<input type="checkbox"/> \$50	\$
<input type="checkbox"/> Inspector	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$275	<input type="checkbox"/>	<input type="checkbox"/> \$50	\$
<input type="checkbox"/> Risk Assessor	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175	<input type="checkbox"/> \$325	<input type="checkbox"/>	<input type="checkbox"/> \$50	\$
<input type="checkbox"/> Replacement Card - \$25						\$

Make check or money order payable to DHFS or enclose credit card payment form. Fees paid by ☐ Employer ☐ Self ☐ Other**TRAINING**

Provide information about your most recent training course completed for your applied discipline. Attach documentation if out of state.

Training Provider	Training Dates	City	State
-------------------	----------------	------	-------

For DHFS only.

Received Date

DWD Check

Paid Amount

Deposit Date

Name of Applicant (First, Middle, Last)

**OTHER LICENSES, REGISTRATIONS OR CERTIFICATIONS**

Within the past 5 years, did you have a lead license, registration or certification issued by another state, Indian tribe or the U.S. Environmental Protection Agency? ☐ Yes ☐ No If yes, who issued it?

**ENFORCEMENT ACTIONS**

Within the past 5 years, did you have a lead license; certification or registration denied, suspended or revoked by another state, Indian tribe or the U.S. Environmental Protection Agency? Or, within the past 5 years, was action taken against you for a civil or criminal violation of statutes, regulations or ordinances of the United States, in this state, any other state, or any local government substantially related to lead-based paint activities or other environmental activities? ☐ Yes ☐ No If yes, what action was taken, why and by whom?

Check one of the following. Certified persons must work for a certified lead company before conducting most regulated activities.

- ☐ I currently work for or own a certified lead company, or will work for a certified lead company before I do any regulated work.
- ☐ Lead company application is enclosed.

**AFFIDAVIT OF APPLICANT**

I state that I am the person referred to on this application and that all the answers and information provided are strictly true in each respect. I understand that false or forged statements made in connection with this application may be grounds for denying or revoking my certification or for other disciplinary or legal action. I also understand that if I am issued a certification card, failure to comply with the laws or rules of the State of Wisconsin may be cause for disciplinary or legal action.

SIGNATURE – Applicant

Date Signed (m/d/y)

**ATTACHMENTS**

Check that the following materials are submitted with the completed application.

- ☐ Photo, passport style. Digital photos may be emailed as jpeg files to [plicasbestoslead@dhfs.state.wi.us](mailto:plicasbestoslead@dhfs.state.wi.us) if it was not submitted by the training provider. In the subject line, state "Application", followed by the applicant's name and DHFS certification number, if assigned. (Example: Application-John Doe, LCS-1234)
- ☐ Photo submitted by training provider.
- ☐ Printed photo attached.
- ☐ Digital photo emailed from: \_\_\_\_\_
- ☐ Training certificate(s) not previously submitted. (Wisconsin trainers submit this information for students in their classes)
- ☐ Fees: Check or money order payable to DHFS, or completed credit card payment form.

Initial Certification: Please also attach the following.

- ☐ Official photo ID with verification of birth date.
- ☐ For **Lead Inspector** or **Risk Assessor** certification a copy of X-Ray Fluorescence (XRF) training certificate is required.
- ☐ For **Lead Abatement Supervisor, Hazard Investigator, Project Designer, or Risk Assessor** certification, Education and Experience Qualification Affidavit (page 3 of the application) is required.
- ☐ For **Lead Abatement Supervisor, Hazard Investigator, Inspector, or Risk Assessor** applicants from out of state:
- ☐ A completed Wisconsin Regulatory Worksheet and
- ☐ A copy of current certification from the other state and
- ☐ Proof of passing that state's certification exam is also required if not registering to take the Wisconsin certification exam.

If you have questions please call (608) 261-6876. If mailing, use the Mailing Address listed below. If hand delivering or using overnight delivery service, use the Street Address.

Return completed application to:

Mailing Address

Department of Health and Family Services  
Asbestos and Lead Section, Rm 137  
P.O. Box 2659  
Madison WI 53701-2659

Street Address

Department of Health and Family Services  
Asbestos and Lead Section  
1 West Wilson Street, Room 137  
Madison WI 53703

**EDUCATION AND EXPERIENCE QUALIFICATION AFFIDAVIT:**

For Lead Abatement Supervisor, Hazard Investigator, Project Designer, or Risk Assessor Applicant. Minimum requirements are listed below.

Name of Applicant (First, Middle, Last) include e.g. Jr., Sr., or III

**EDUCATION**

Indicate the highest level of education obtained. Documentation does not have to be submitted with this form, but must be provided for review by DHFS staff upon request.

Type of school (High School, Technical College, College, Other)	Name of school	Start month/year	End month/year	Diploma / Degree, or hours / credits earned if none awarded
--	----------------	---------------------	-------------------	---

**EXPERIENCE**

Paid and unpaid experience in lead, asbestos, or environmental remediation work, building maintenance or construction. Clearly describe your experience and be prepared to submit documents upon request by the Department of Health and Family Services.

Employer / Organization	Start (month/year)	End (month/year)	Description of work or experience
-------------------------	--------------------	------------------	-----------------------------------

**OTHER PROFESSIONAL CERTIFICATION**

For certification as a lead hazard investigator or risk assessor, you may document qualifications through professional certification. Attach a copy of documents that verify your professional certification.

Type of Certification / Registration	Start (month/year)	Expiration (month/year)	Certifying Agency / Organization
--------------------------------------	-----------------------	----------------------------	----------------------------------

**AFFIDAVIT OF TRUTHFUL STATEMENTS**

I state that I am the person referred to on this affidavit. I further affirm by my signature that all statements I have made regarding my education and experience are true. I understand that false or forged statements made in connection with this affidavit may be grounds for denial or revocation of my certification or other disciplinary or legal action. If requested by DHFS staff, I will provide documentation to verify I meet the required qualifications as I have stated on this form.

SIGNATURE – Applicant

Date Signed (mm/dd/yy)

**Minimum Requirements****Lead Abatement Supervisor (one is required)**

- ☐ One year of experience as a certified lead abatement worker or lead abatement supervisor.
- ☐ At least 2 years of experience in a related field.

**Lead Risk Assessor or Hazard Investigator (one is required)**

- ☐ Bachelor's degree or higher and 1 year experience in a related field.
- ☐ Associate's degree and 2 years experience in a related field.
- ☐ A high school diploma, or equivalent, and at least 3 years experience in a related field.
- ☐ Certification as an industrial hygienist, professional engineer, registered architect, or certification in a related engineering, health, or environmental field, based on a minimum of a 4-year college degree (e.g., safety professional or environmental scientist).
- ☐ Registered nurse or registered sanitarian employed by a health department that provides oversight of your activities

**Lead Project Designer (one is required)**

- ☐ Bachelor's degree or higher in engineering, architecture, or a related profession and 1 year experience in building construction and design or a related construction field;
- ☐ Four years experience in building construction and design or a related construction field.

## LEAD CERTIFICATION APPLICATION – INDIVIDUAL INFORMATION & INSTRUCTIONS

Personally identifiable information collected on this application will be used to determine eligibility for certification. The information may be shared with other governmental agencies as part of enforcement activities. Since information may also be available under an open record request, you may choose to provide a work address and telephone number instead of home information. Under sections 250.041 and 254.115, Wis. Stats., an individual must provide his or her Social Security Number and a company must provide the company's Federal Employer Identification Number to be certified. The Social Security Number (SSN) may be used to deny or revoke certification of persons delinquent on payment of taxes or child support and will not be available to the public. If self employed, you must provide the name under which you do business.

The application must be completed neatly and accurately. An incomplete application will be returned without processing. Allow 10 working days for processing. Applications are processed in the order they are received.

### CERTIFICATION

**Initial Certification** - Check this box if applying for the first certification in this discipline from the Department of Health and Family Services (DHFS). Also check this box if there has been a lapse in your certification of 12 months or more.

If you are applying for Lead Abatement Supervisor, Hazard Investigator, Inspector, or Risk Assessor certification, you will be issued an interim certification if you completed initial or refresher training within the past 6 months and have not held interim certification in the past. This allows you to work before you pass the certification exam. Interim certification expires 6 months after the last date training was completed.

**Renewal Certification** - Check this box if you are applying for a renewal certification and include your DHFS Certification number.

### INDIVIDUAL INFORMATION

**Mailing address** - This is the address where your certification card and renewal notice will be mailed. You are required to notify us when your mailing address changes. However, if you move frequently, you may want to use your employer's mailing address.

**Home, Fax, Cellular Telephone, Pager Numbers, and Email Address** - If you have these available, print them in the space provided on the application. DHFS will contact these numbers if questions arise while processing the application.

**COMPANY INFORMATION** - Provide the name of your employer or, if self-employed, the name of the business under which you perform lead-based paint activities or lead investigation activities. To help us associate your information with the correct company, also provide the DHFS lead company certification number. You must own, be employed by, or otherwise affiliated with a certified lead company before you perform lead abatement or lead investigation activities.

**MANDATORY CERTIFICATION EXAM** - If you are applying for Lead Abatement Supervisor, Hazard Investigator, Inspector, or Risk Assessor initial certification, you are required to pass the state certification exam. Check the desired exam location. You will be notified of the next available exam in your requested location

**Documentation instead of State Certification Exam** - You do not have to take the Wisconsin certification exam if you previously passed a qualified certification exam offered by EPA, another state, or an Indian tribe, and are currently certified to work in another state. However, you must enclose proof of passing the exam and a copy of your current certification to work in that state. In addition, you must complete and submit a regulatory worksheet to demonstrate knowledge of Wisconsin lead regulations under ch. HFS 163, Wis. Adm. Code. To request a copy of the worksheet and regulations, contact the Asbestos and Lead Section.

**CERTIFICATION FEE** - Enclose a check or money order payable to the Department of Health and Family Services or DHFS or a completed credit card form. The initial certification fee may not be refunded or prorated. DHFS charges a fee for checks not honored by the bank.

**Important Note:** State and local government employees required to be certified to perform their job duties are exempt from paying certification fees. If claiming a fee exemption, enclose documentation that clearly establishes eligibility for this exemption, e.g. a letter from your supervisor on official letterhead that explains why certification is needed to perform your duties.

**TRAINING** - First-time applicants must have a complete training history on file with DHFS, including all required initial and refresher lead training certificates for the discipline.

**X-Ray Fluorescence (XRF) Training** - All initial and renewal Lead Inspector and Risk Assessor applications must include proof that the applicant completed XRF training under ch. HFS 157, Wis. Adm. Code. This training may be offered by an XRF manufacturer or by another qualified training provider.

**DHFS-accredited training** - The DHFS-accredited training provider will submit your training certificate information directly to DHFS. To be sure your application is correctly linked to your most recent training for this discipline, provide the training dates and the name of the training provider on the application. Submit copies of the training certificate(s) for training completed before March 1, 2002 and not previously submitted.

**OTHER LICENSES, REGISTRATIONS OR CERTIFICATIONS AND ENFORCEMENT ACTIONS** - You (the applicant) must personally answer both questions.

**AFFIDAVT OF APPLICANT** - You (the applicant) must personally sign and date the affidavit.